Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 6.34.08	Address: ALOGE	6405 CU
Case #: <u>Po 08-055D</u>	REAL SECTION OF THE SECURITY OF SECURITY O	30. Institut
County Posey Cowery NAMED MARS (FP) 17	and the second was a selection of the second second second second	45.02/6875211.19
Type of Laboratory Seizure (check one) Operational Lab Chemical/Glassware/Equipment (onl	Residence	Hotel/Motel Open - No Structure Other:
Items Found (check all that apply) Lithium/Anunonia Reaction(s) Red Phosphorous/Iodine Reaction(s) Flammable Solvents Water Reactive Metal (Lithium) Anhydrous Ammonia Ifydrochloric Acid Gas Generator(s) Corrosive Acid Corrosive Base Other: 3 Halls	Child under age 18 disco	or present)
This report is to be faxed to the followi	ng agencies that serve the locatio	ח' יח
Fire Department	GRIFFIN VOL. F.D.	Fax (813) 851-5611
Health Department:	POSEY CO. HEALTH DEPT.	Fax(Q12) 838-8561
Child Protective Services Department:	- PlA	Fax
For further information regarding this me below.	thamphetamine Iaboratory, contact	the investigating officer lister
Investigating Officer:	L Zree	Phone 812-307-0047
** This form is to be faxed to the Fire Departm listed within 24 hours of scene processing.	ont, Health Department and/or Child Prote	eutive Services Department
*** This form is to be included with case file, an	d a copy sent to the Claudestine Laborato	ry Team Leader for retention.